There were no deficiencies cited on a complaint investigation completed 9/19/18. Event ID JSPK11.
On September 19th, 2018, The Division of Health Service Regulation, Nursing Home Licensure and Reertification conducted a revisit. The facility was found to be in compliance effective 8/23/18.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
### Statement of Deficiencies and Plan of Correction

**Provider/Supplier/CLIA Identification Number:** NH0541

**Date Survey Completed:** 09/19/2018

**Division of Health Service Regulation**

**NAME OF PROVIDER OR SUPPLIER:** WESTERN NORTH CAROLINA BAPTIST HOME

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 213 RICHMOND HILL DRIVE, ASHEVILLE, NC 28806

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#### Initial Comments

On September 19th, 2018, The Division of Health Service Regulation, Nursing Home Licensure and Certification conducted a revisit. The facility was found to be in compliance effective 8/23/18.